


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763911** (5)

1. Corporation Name

**DELTA TAU DELTA HOUSE CORPORATION OF THE UNIVERS  
ITY OF WEST FLORIDA, INC.**

Principal Place of Business

Mailing Address

**14810 FARNHAM WAY  
14810 FARNHAM WAY  
TAMPA FL 33624  
US**

**14810 FARNHAM WAY  
14810 FARNHAM WAY  
TAMPA FL 33624  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/24/1982**

4. FEI Number

**23-7166971**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

**GREENFIELD, BARRY  
14810 FARNHAM WAY  
TAMPA FL 33624**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEVAL, DAVID	
STREET ADDRESS	105 BEACH DR., STE. B1	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HANSCHUE, ROB	
STREET ADDRESS	15 TOWER DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GREENFIELD, BARRY	
STREET ADDRESS	14810 FARNHAM WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CANTWELL, MIKE	
STREET ADDRESS	15 TOWER DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRETT, BILL	
STREET ADDRESS	334 OKALOOSA RD	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COMER, CHARLES	
STREET ADDRESS	1399 JASMA LN	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dave Gauthrop	
2.3 STREET ADDRESS	15 Tower Drive	
2.4 CITY-ST-ZIP	Pensacola, FL	
3.1 TITLE	Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chris Mooney	
4.3 STREET ADDRESS	15 Tower Drive	
4.4 CITY-ST-ZIP	Pensacola, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Craig Sanchez	
6.3 STREET ADDRESS	15 Tower Drive	
6.4 CITY-ST-ZIP	Pensacola, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Barry Greenfield* REQUIRED

4/25/98

813-877-4444

CR2E037 (10/97)